

IC 27-8-14

Chapter 14. Coverage for Services Related to Breast Cancer Screening

IC 27-8-14-1

"Accident and sickness insurance policy"

Sec. 1. As used in this chapter, "accident and sickness insurance policy" means an insurance policy that:

- (1) provides one (1) or more of the types of insurance described in IC 27-1-5-1, classes 1(b) and 2(a); and
- (2) is issued on a group basis.

As added by P.L.119-1991, SEC.3.

IC 27-8-14-2

"Breast cancer screening mammography"

Sec. 2. (a) As used in this chapter, "breast cancer screening mammography" means a standard, two (2) view per breast, low-dose radiographic examination of the breasts that is:

- (1) furnished to an asymptomatic woman; and
- (2) performed by a mammography services provider using equipment designed by the manufacturer for and dedicated specifically to mammography in order to detect unsuspected breast cancer.

(b) The term includes the interpretation of the results of a breast cancer screening mammography by a physician.

As added by P.L.119-1991, SEC.3.

IC 27-8-14-3

"Insured"

Sec. 3. As used in this chapter, "insured" means an individual who is entitled to coverage under a policy of accident and sickness insurance.

As added by P.L.119-1991, SEC.3.

IC 27-8-14-4

"Mammography services provider"

Sec. 4. As used in this chapter, "mammography services provider" means a person or facility that:

- (1) has been accredited by the American College of Radiology;
- (2) meets equivalent guidelines established by the state department of health; or
- (3) certified by the Federal Department of Health and Human Services for participation in the Medicare program (42 U.S.C. 1395 et seq.).

As added by P.L.119-1991, SEC.3. Amended by P.L.2-1992, SEC.787.

IC 27-8-14-5

"Woman at risk"

Sec. 5. As used in this chapter, "woman at risk" means a woman

who meets at least one (1) of the following descriptions:

- (1) A woman who has a personal history of breast cancer.
- (2) A woman who has a personal history of breast disease that was proven benign by biopsy.
- (3) A woman whose mother, sister, or daughter has had breast cancer.
- (4) A woman who is at least thirty (30) years of age and has not given birth.

As added by P.L.119-1991, SEC.3.

IC 27-8-14-6

Breast cancer screening mammography; coverage

Sec. 6. (a) Except as provided in subsection (f), an insurer must provide coverage for breast cancer screening mammography in any accident and sickness insurance policy that the insurer issues in Indiana.

(b) Except as provided in subsection (f), the coverage that an insurer must provide under this section must include the following:

- (1) If the insured is at least thirty-five (35) but less than forty (40) years of age, coverage for at least one (1) baseline breast cancer screening mammography performed upon the insured before she becomes forty (40) years of age.
- (2) If the insured is:
 - (A) less than forty (40) years of age; and
 - (B) a woman at risk;one (1) breast cancer screening mammography performed upon the insured every year.
- (3) If the insured is at least forty (40) years of age, one (1) breast cancer screening mammography performed upon the insured every year.
- (4) Any additional mammography views that are required for proper evaluation.
- (5) Ultrasound services, if determined medically necessary by the physician treating the insured.

(c) Except as provided in subsection (f), the coverage that an insurer must provide under this section must provide reimbursement for breast cancer screening mammography at a level at least as high as:

- (1) the limitation on payment for screening mammography services established in 42 CFR 405.534(b)(3) according to the Medicare Economic Index at the time the breast cancer screening mammography is performed; or
- (2) the rate negotiated by a contract provider according to the provisions of the insurance policy;

whichever is lower.

(d) Except as provided in subsection (f), the coverage that an insurer must provide under this section may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to the insured than the dollar limits, deductibles, or coinsurance provisions applying to physical illness generally under the accident

and sickness insurance policy.

(e) Except as provided in subsection (f), the coverage that an insurer must provide is in addition to any benefits specifically provided for x-rays, laboratory testing, or wellness examinations.

(f) In the case of insurance policies that are not employer based, the insurer must offer to provide the coverage described in subsections (a) through (e).

As added by P.L.119-1991, SEC.3. Amended by P.L.170-1999, SEC.3.